

Section: EPIDEMIOLOGY

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Relationship between prenatal care effectiveness and the timing of congenital syphilis diagnosis

Mariana Paiva Cardoso, Renan Sakamoto Martins, Simone Holzer
Centro Universitário FMABC, Santo André, Brazil
maripaivacardoso@gmail.com

INTRODUCTION: Congenital syphilis affects neonates worldwide and causes short- and long-term sequelae. It is transmitted to the fetus by a pregnant woman with untreated or inadequately treated syphilis at any stage of the disease, either through the placenta or the birth canal. Syphilis screening during pregnancy begins in prenatal care with the nontreponemal VDRL test in the first and third trimesters, and treatment should begin as soon as the disease is diagnosed. **METHOD:** This was an observational, ecological, retrospective, population-based study. The sample comprised data from the Notifiable Diseases Information System (SINAN) for the Greater ABC region from 2007 to 2023. The variables 'prenatal care performed' and 'timing of diagnosis' were assessed and transformed into preliminary graphs using the Python programming language. **RESULTS:** Overall, 62.7% of cases were diagnosed during prenatal care and 33.9% at delivery. Regarding prenatal care, 85.5% received care, whereas 14.4% did not. A subsequent comparative analysis of the variables showed statistical significance ($p < 0.005$). **DISCUSSION:** A discrepancy was identified between the number of cases diagnosed during prenatal care and the number of pregnancies with prenatal care. The number of diagnoses during prenatal care was only slightly higher than the number made outside prenatal care (delivery/curettage), whereas the number of pregnancies with prenatal care was much higher than the number without it. This suggests that gestational syphilis is not being diagnosed during prenatal visits. It may indicate a failure in diagnosing syphilis during pregnancy, whether because healthcare professionals do not actively identify these pregnant women or because disease screening is ineffective, resulting in infants born with congenital syphilis. **CONCLUSION:** The number of diagnoses made during prenatal care is lower than the number of pregnancies with prenatal care, suggesting possible failures in diagnosis and/or prenatal follow-up of pregnant women with syphilis or incorrect completion of notification forms, because congenital syphilis in neonates is being diagnosed too late.

KEYWORDS: Congenital syphilis; Prenatal care; Newborn; Pregnancy.